## PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                                                                                                    |                      |                                                                                                                                                                 |                         |                                                                                                                                                  | T                         |                     | I                      |             |  |
|----------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|------------------------|-------------|--|
| APPLICATION N                                                                                      | IO.   FILIN          | ING DATE FIRST NAMED IN                                                                                                                                         |                         | /ENTOR ATTORNEY DO                                                                                                                               |                           | OOCKET NO.          | O. CONFIRMATION NO.    |             |  |
| 10/564,732                                                                                         |                      | 2/26/2007 Ron                                                                                                                                                   |                         | K                                                                                                                                                | Q92°                      | Q92722              |                        | 9821        |  |
|                                                                                                    |                      | D. CT. CORNEL & F.O.D. A. F.                                                                                                                                    |                         |                                                                                                                                                  |                           |                     |                        |             |  |
| TITLE OF INVENTIO                                                                                  | N: METHOD AN         | D SYSTEM FOR A F                                                                                                                                                | FILTER                  |                                                                                                                                                  |                           |                     |                        |             |  |
| APPLN. TYPE                                                                                        | SMALL                | SMALL ISSUE FEE                                                                                                                                                 |                         | ION PREV                                                                                                                                         | 7. PAID ISSUE FEE         | TOTAL FEB           | (S) DATE               | DUE         |  |
|                                                                                                    | ENTITY               |                                                                                                                                                                 | FEE                     |                                                                                                                                                  |                           | DUE                 |                        |             |  |
| nonprovisional                                                                                     | NO                   | \$1510.00                                                                                                                                                       | \$300.00                | 1                                                                                                                                                | \$0.00                    | \$1,810.00          | 07/07/2                | 2010        |  |
|                                                                                                    |                      |                                                                                                                                                                 |                         |                                                                                                                                                  |                           |                     |                        |             |  |
| EXAMINER                                                                                           |                      |                                                                                                                                                                 | ART UN                  | IT CL                                                                                                                                            | ASS-SUBCLASS              |                     |                        |             |  |
| Hongman FAN                                                                                        |                      |                                                                                                                                                                 | 2612                    |                                                                                                                                                  | 340-607000                |                     |                        |             |  |
|                                                                                                    |                      |                                                                                                                                                                 |                         | T -                                                                                                                                              |                           |                     |                        |             |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CF                          |                      |                                                                                                                                                                 |                         | _                                                                                                                                                | g on the patent front p   | -                   | Sughrue Mion, PI       | LC          |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. |                      |                                                                                                                                                                 |                         | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2                                                              |                           |                     |                        |             |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev                        |                      |                                                                                                                                                                 |                         |                                                                                                                                                  |                           |                     |                        |             |  |
| 03-02 or more recent) ATTACHED. Use of a Customer Number is required.                              |                      |                                                                                                                                                                 |                         | names of up to 2 registered patent attorneys or                                                                                                  |                           |                     |                        |             |  |
|                                                                                                    |                      |                                                                                                                                                                 |                         | agents. If no name is listed, no name will be                                                                                                    |                           |                     |                        |             |  |
| 3. ASSIGNEE NAME                                                                                   | AND RESIDENCE        | E DATA TO BE PRIN                                                                                                                                               | TED ON THE PAT          | printed. ENT (print or                                                                                                                           | type)                     |                     |                        |             |  |
| PLEASE NOTE: Unler recordation as set forth                                                        | ss an assignee is id | entified below, no ass                                                                                                                                          | signee data will appe   | ear on the pater                                                                                                                                 | nt. If an assignee is id- | entified below, th  | e document has beer    | i filed for |  |
| (A) NAME OF ASSIG                                                                                  |                      | IDENCE: (CITY and                                                                                                                                               |                         | _                                                                                                                                                | 2019                      |                     |                        |             |  |
| VISION FIRE & SECURITY PTY LTD Mount Waverley, Australia                                           |                      |                                                                                                                                                                 |                         |                                                                                                                                                  |                           |                     |                        |             |  |
|                                                                                                    |                      |                                                                                                                                                                 |                         |                                                                                                                                                  |                           |                     |                        |             |  |
| Please check the approp                                                                            | oriate assignee cate | gory or categories (wi                                                                                                                                          | ill not be printed on t | the patent): 🗆 I                                                                                                                                 | ndividual 🗹 Corporat      | ion or other priva  | e group entity 🗆 Go    | vernment    |  |
| 4a. The following fee(s) are submitted:                                                            |                      |                                                                                                                                                                 | 4b. Payme               | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)                                                          |                           |                     |                        |             |  |
| ☑ Issue Fee                                                                                        |                      |                                                                                                                                                                 |                         | ☐ A check is enclosed.                                                                                                                           |                           |                     |                        |             |  |
| ☑ Publication Fee (No                                                                              | •                    | ☐ Payment by credit card. Form 1310-2038 is attached.                                                                                                           |                         |                                                                                                                                                  |                           |                     |                        |             |  |
| ☐ Advance Order - # of Copies                                                                      |                      |                                                                                                                                                                 |                         | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880. |                           |                     |                        |             |  |
|                                                                                                    |                      | ☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. |                         |                                                                                                                                                  |                           |                     |                        |             |  |
| 5. Change in Entity Sta                                                                            | tus (from status inc | licated above)                                                                                                                                                  |                         |                                                                                                                                                  | J 1 J                     | 1                   |                        |             |  |
| ☐ a. Applicant claims                                                                              | SMALL ENTITY s       | tatus. See 37 CFR 1.2                                                                                                                                           | 27. □ b. <b>Ap</b> pl   | icant is no long                                                                                                                                 | er claiming SMALL F       | ENTITY status. S    | ee 37 CFR 1.27(g)(2)   | ).          |  |
| The Director of the US                                                                             | PTO is requested to  | apply the Issue Fee a                                                                                                                                           | nd Publication Fee (i   | if any) or to re-a                                                                                                                               | apply any previously p    | aid issue fee to th | e application identifi | ed above.   |  |
| NOTE: The Issue Fee a party in interest as show                                                    |                      |                                                                                                                                                                 |                         |                                                                                                                                                  | n the applicant; a regis  | stered attorney or  | agent; or the assigne  | e or other  |  |
| Authorized Signature /Brian W. Hannon/                                                             |                      |                                                                                                                                                                 | non/                    | Date                                                                                                                                             |                           |                     | July 7, 2010           |             |  |
| Typed or Printed Name                                                                              | ÷                    | Brian W. Hannon                                                                                                                                                 |                         | Registration ?                                                                                                                                   | No.                       | 32,778              | 32,778                 |             |  |
|                                                                                                    |                      |                                                                                                                                                                 |                         |                                                                                                                                                  |                           |                     |                        |             |  |